PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450



or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifice	s form should be used correspondence includited ted below or directed of ations.	for transing the P therwise	mitting the ISSI atent, advance o in Block 1, by (UE FEE and PUBLICAT rders and notification of a specifying a new corre	ION FEE (if requ maintenance fees v spondence address	ired). F vill be ; and/or	Blocks 1 through 5 s mailed to the current (b) indicating a sepa	hould be completed when correspondence address a arate "FEE ADDRESS" fo
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission.			
21839	7590 08/2	4/2006		IIQV				
BUCHANAN, INGERSOLL & ROONEY PC POST OFFICE BOX 1404 ALEXANDRIA, VA 22313-1404				I he Stat add tran	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Uni States Postal Service with sufficient postage for first class mail in an envel addressed to the Mail Stop ISSUE FEE address above, or being facsin transmitted to the USPTO (571) 273-2885, on the date indicated below.			
					•			(Depositor's name)
								(Signature)
		•						(Date)
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTO		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/751,473 01/06/2004			· · · · · · · · · · · · · · · · · · ·	Brian M. Tierney	033869-001 2339			
TITLE OF INVENTION	I: GAS PERMEABLE R	ESISTO	R CASING		·			
APPLN. TYPE	SMALL ENTITY	ISS	UE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	e fee	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO		\$1400	\$300	\$0		\$1700	11/24/2006
EXAMINER ART UNIT			ART UNIT	CLASS-SUBCLASS	j			
HOANG, TU BA 2832				338-234000				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 				(1) the names of up to or agents OR, alternati (2) the name of a single registered attorney or a 2 registered patent attorney.	printing on the patent front page, list e names of up to 3 registered patent attorneys nts OR, alternatively, e name of a single firm (having as a member a cred attorney or agent) and the names of up to stered patent attorneys or agents. If no name is no name will be printed. DRINKER BIDDLE & REATH LLP			
3. ASSIGNEE NAME A	ND RESIDENCE DAT	A TO BE	PRINTED ON	I THE PATENT (print or ty	ne)			
				data will appear on the p T a substitute for filing an	atent. If an assign assignment.	ee is id	entified below, the d	ocument has been filed fo
(A) NAME OF ASSIGNEE				(B) RESIDENCE: (CITY and STATE OR COUNTRY) 11/20/2036 NBERHE1 00000169 10751473				
KANTHAL CORPORATION				NIAGARA FALLS	ALLS, NEW YORK			
Please check the appropr	iate assignee category or	r categori	es (will not be pr	inted on the patent):	Individual KA	ją prporati	on or other private gro	oup entity [Government
4a. The following fee(s):	are submitted:	•	4t	o. Payment of Fee(s): (Plea	se first reapply ar	y prev	lously paid issue fee	shown above)
Publication Fee (No small entity discount permitted)				Payment by credit card. Form PTO-2038 is attached.				
XXAdvance Order - # of Copies4				The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0572 (enclose an extra copy of this form).				
5. Change in Entity Star a. Applicant claim	tus (from status indicate s SMALL ENTITY state		7 CFR 1.27.	☐ b. Applicant is no long			Any	Deficiencies FR 1.27(g)(2).
	d Publication Fee (if rea	nired) wi	Il not be accented	from envone other than t				e assignee or other party in
Authorized Signature	Scott	lies rater	and Hademark	Office.	Date 17	No	umber 20	206
Typed or printed name	Scott J. A	Anche:	11	•	Registration N	lo3	5,035	
This collection of inform an application. Confident submitting the completed this form and/or suggesti	ation is required by 37 C tiality is governed by 35 I application form to the ons for reducing this bu	U.S.C. USPTO	1. The information 122 and 37 CFR. Time will vary uld be sent to the	on is required to obtain or r 1.14. This collection is est depending upon the indiv e Chief Information Office	etain a benefit by the imated to take 12 ridual case. Any cour, U.S. Patent and	he publi ninutes mments Tradem	to complete, including on the amount of tire ark Office, U.S. Department	by the USPTO to processing gathering, preparing, and the you require to complete artment of Commerce, P.O.

The an sulthing Bo Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.